

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001644

Entity Name: PROJECT 113, INC.**Current Principal Place of Business:**2910 HARGILL DR
ORLANDO, FL 32806**Current Mailing Address:**2910 HARGILL DRIVE
ORLANDO, FL 32806 US**FEI Number:** 46-2070362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGERS, DANIELLE M
2910 HARGILL DRIVE
ORLANDO, FL 32806 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ROGERS, DANIELLE M
Address	2910 HARGILL DR
City-State-Zip:	ORLANDO FL 32806

Title	S
Name	SARGENT, JENNIFER
Address	7138 CADIZ BLVD
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	RA, ELAINE
Address	61 HUBBARDTON RD
City-State-Zip:	WAYNE NJ 07470

Title	PRESIDENT
Name	THOMSON, AMANDA
Address	107 WEBSTER RD
City-State-Zip:	BONGAREE, BRIBIE IS AUSTRALIA QLD 4507

Title	T
Name	ALBRITTON, LISA
Address	626 SETTING SUN DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	D
Name	SHER, RENEE M
Address	2910 HARGILL DR
City-State-Zip:	ORLANDO FL 32806

Title	D
Name	PAGAN, KRISTINA
Address	12916 SUGAR RUN DR APT 13204
City-State-Zip:	ORLANDO FL 32821

Title	VP
Name	EATON, LINDA
Address	602 SOUTH AURORA ST
City-State-Zip:	EASTON MD 21601

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIELLE ROGERS**DIRECTOR****03/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	T
Name	KOMARABATHUNI, SARAH
Address	1251 GUELBRETH LANE UNIT 300
City-State-Zip:	ST LOUIS MO